



**Consortium Meeting Minutes
 Monday, July 9, 2018 10am-12pm
 Pittsburg Health Center – Cypress Room
 2311 Loveridge Rd. Pittsburg 94565**

Present:	
Thandi Harris, WORLD	Lance Brittain, Community Resident
Michele Castano, Food Bank Contra Costa & Solano	Aaronique Gordon, LMCHD
Teri Leichenger, Food Bank Contra Costa & Solano	Dominic Aliano, Supervisor Federal Glover's office
Angela Moore, Contra Costa Interfaith Housing	Luke Diaz, Alto Pharmacy
Nyokie Franklin, Contra Costa Interfaith Housing	Anne Nelson, Alto Pharmacy
Nina Eisenberg, Wright Institute – IHPTP	Roberto Montes, HIV/AIDS & STD Program
Angel Mateo, LifeLong Medical Care	Nga Le, HIV/AIDS & STD Program
Brittany Cash-White, LifeLong Medical Center	Anuja Chand, HIV/AIDS & STD Program
Olivia Rold, Anka Behavioral Health, Inc.	Obiel Leyva, HIV/AIDS & STD Program
Gabriela Quinoz, Planned Parenthood Northern CA	Anjuli Clopper, HIV/AIDS & STD Program
Irma Donaldson, NHNR	
Call to Order & Icebreaker	<p>Teri Leichenger, Co-chair and Food Bank, called the meeting to order at 10:05am. The meeting began with a moment of silence to remember those individuals that we have lost to HIV/AIDS.</p> <p>Next, introductions were made along with an icebreaker activity called "This or That." People were given a piece of paper that had two words on it and were ask to share which they preferred and why.</p> <p>Teri made the motion to approve the May minutes. Angel Mateo, LifeLong, seconded the motion. Meeting minutes were approved.</p>
System of Care Update	<p>Obiel Leyva, Community Education & Testing Manager, provided a budget update:</p> <p>The county received the final notice for the Ryan White Part A award which reflected an increase of funding from last year. In the past we have received budget cuts and flat funding. Part A is a huge component of the funds we receive. Our Part B and C funds were flat funded and our state prevention grant slightly increased this year. The state prevention grant is based on new positives in the county and Contra Costa has had an increase in in the past 3 years. There was an average of 90 new positives six years ago whereas in the past few years there has been an average of 110-120. The increase in new positives is the reason why Contra Costa received an increase in in prevention and care funding.</p>

	<p>Anjuli Clopper, Client Services Manager, provided a staffing update: Jessica Osorio who has been serving as Interim Director since last November will be the HIV/AIDS & STD Program Director starting August 1st. Barbara Allen, clerical supervisor, retired at the beginning of July. Anjuli is filling in for that position and the program is currently recruiting to fill that position. We are actively recruiting for a Senior Disease Intervention Technician (DIT) which includes PrEP Navigation. Alvaro Rivas, Medical Social Worker (MSW), is leaving at the end of this week and we are actively recruiting for the position. His caseload has been assigned to other MSWs for coverage. We were optimistic for a new Community Health Worker (CHW) but she has declined the position so we are recruiting again. The CHW position is Spanish flagged.</p>
<p>Committee Updates</p>	<p>Client Committee Updates: Angel Mateo, Client Committee Co-chair and LifeLong, shared that the committee/support group is doing well. The group continues to meet twice a month on 1st and 3rd Fridays of the month from 1-2:30pm. Some meetings include presentations from service providers and other meetings include an open space for clients to dialogue.</p> <p>Allocations Committee Updates: Teri provided a recap of the presentations the committee has received including presentations on data, client surveys, and service utilization. She explained that the Committee will share their allocations recommendations to the Consortium after the presentation on service categories. The last 40 minutes of the meeting are optional for non-voting members. Once the voting members approve the allocations recommendations, the Executive Committee will present Contra Costa's allocations recommendations to the Oakland TGA Planning Council.</p>
<p>Services Discussion</p>	<p>Anne Nelson and Luke Diaz introduced their agency Alto Pharmacy which has their headquarters in San Francisco. They realized that HIV and PrEP are complex problems and attending the Consortium meeting to share resources and talk about their PrEP program. They are passionate about making a dent in PrEP and HIV and to solve more complex problems around PrEP adherence on the pharmaceutical side.</p> <p>Anne shared that Alto Pharmacy can build their adherence and follow-up tailored to any organization they work with. She explained that some people tend to talk to their pharmacist about things. If the client does not pick up their pills and Alto is unable to reach the patient after three attempts, then they will talk to the provider. Alto keeps everyone in the loop in terms of adherence and pill intake. Alto has the capability to conduct text messaging since some people prefer not to talk to their provider. Ensuring that patients have access to other forms of communication with their provider is important. Anne also explained that they can assist with preparing the forms for Gilead Advancing Access.</p>

	<p>They are figuring out how to get the provider to sign the documents securely. Luke mentioned that their pharmacy delivers for free anywhere in the Bay Area. They provide medication delivery by courier to a patient's home or work with an element of privacy and discretion.</p> <p>Aaronique Gordon, Los Medanos Community Healthcare District (LMCHD), shared the services that LMCHD providers to the community. LMCDH targets low income families and serves the population living in Pittsburg and Bay Point. They focus on preventative care and serve the community through various activities such as sponsoring community events, replacing unhealthy food items with healthier options, and providing scholarships for young children to participate in extracurricular activities that includes exercise. They are looking to expand their services. Aaronique plans on sharing what she learns from the Consortium directly to the community.</p> <p>Angela Moore, CCIH, provided some updates on housing. There is a housing unit in Pittsburg that is accepting applications until July 16. There are some apartments in San Pablo and HOPWA units in Berkeley also accepting applications. There are brand new senior apartments that are being built in near El Cerrito del Norte Bart station. Angela encourages Consortium members to share any housing opportunities they know about with the housing advocates.</p>
<p>Public Comment</p>	<p>Kevin, Community Resident, wanted to take the opportunity to do some networking. He shared that being a heterosexual HIV positive man is very difficult. He shared that he does not need housing anymore but has mental health issues and advocated for the need for more mental health services.</p> <p>Lance Brittain, Community Resident, shared his story about struggling with mental health anxiety and the long time it took before he was able to access mental health services. He recalls waiting four to five weeks to get an appointment with somebody, then waiting an additional few weeks. He also recalls that it took a long time before he was able to resolve his housing issues. He had issues with his landlord which took a month to resolve, then the city or county stopped all applications and he had to wait another two to four weeks. Although nobody could foresee the housing issue, there was no recourse for him as a client. He shared concern for other clients who are in worse situations. He advocated for quicker responses when trying to access mental health services and housing services which he considers a life or death situation.</p> <p>Nina Eisenberg, Wright Institute – IHPTP, shared the services her program offers to clients of CCHS at the Positive Health Clinics. The Health Coaching Program is integrated in the clinics and provides same</p>

	<p>day mental health access and a swifter connection to ongoing therapy. They work with clients for 6-8 sessions and connect clients to care if they want ongoing services. For clients who receive care at the Positive Health Clinics, they can ask their provider for an internal referral to the Health Coaching Program. Patients of the Positive Health Clinics are seen almost immediately.</p>
<p>Presentations</p>	<p>The Allocations Committee presented on the Ryan White Service Categories.</p> <p>Key Points from the Service Categories Presentation: Core Services</p> <ul style="list-style-type: none"> • Early Intervention Services (EIS) includes: HIV testing to help the unaware learn of their HIV status and receive referral to HIV services if found to be HIV infected, Referral services to improve HIV care and treatment services, Access and linkage to treatment services such as Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, Outreach Services and Health Education/Risk Reduction related to HIV diagnosis. <i>Rank 8</i> • Home and Community-based Health Services: This service is for PLWHA in an integrated setting, based on a written care plan established by a medical care team under the direction of a licensed clinical provider. Service includes: Mental health, developmental, and rehabilitation services, Day treatment or partial hospitalization services, Medical equipment, Home health aide and personal care services in the home. <i>Rank 6</i> • Medical Case Management: Provides a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Services include: Initial assessment of service needs, Development of a comprehensive, individualized care plan, Access to health & support services, Client monitoring to assess the efficacy of the care plan, Re-evaluation of the care plan with adaptations as necessary, Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments, Benefits counseling by assisting eligible clients in obtaining access to other public and private programs. <i>Rank 1</i> • Medical Nutrition Therapy: This service must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services include: Nutrition assessment and screening, Dietary/nutritional evaluation, Food and/or nutritional supplements per medical provider's recommendation, Nutrition education and/or counseling. <i>Rank 3</i> • Mental Health Services: Provides outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and

counseling services. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a licensed mental health professional. *Rank 5*

- Oral Health Care: Provides outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. *Rank 4*
- Outpatient/Ambulatory Health Services: Diagnostic and therapeutic services provided by a licensed healthcare provider in an outpatient medical setting (clinics, medical offices, mobile vans) where clients do not stay overnight. Services include: Medical history taking, Physical examination, Diagnostic testing, including laboratory testing, Treatment and management of physical and behavioral health conditions, Preventive care and screening. *Rank 2*
- Substance Abuse Outpatient Care: Provides outpatient services for the treatment of drug or alcohol use disorders. Services include: Screening, Assessment, Diagnosis, and/or treatment of substance use disorder, Acupuncture therapy, Syringe access. *Rank 7*

Support Services

- Food Bank/Home Delivered Meals: Provides actual food items, hot meals, or a voucher program to purchase food. Also includes the provision of essential non-food items that are limited to the following: Personal hygiene products, Household cleaning supplies, Water filtration/purification system. *Rank 1*
- Health Education/Risk Reduction: The provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes: Provision of information, Information dissemination about medical and psychosocial support services, Counseling to help clients with HIV improve their health status. *Rank 4*
- Medical Transportation: Provides nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services. *Rank 2*
- Outreach Services: Includes: Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services, Provision of additional information and education on health care coverage options, Reengagement of people who know their status into Outpatient/Ambulatory Health Services. *Rank 3*
- Child Care Services: Intermittent child care services for children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments,

	<p>and/or Ryan White Program-related meetings, groups, or training sessions. <i>Not funded</i></p> <ul style="list-style-type: none"> • Emergency Financial Assistance: Provides limited one-time or short-term payments to assist with paying for essential utilities, housing, food, transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. <i>Other funds</i> • Housing: Provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment and prevent homelessness. Services include: Housing referral services, Development of an individualized housing plan to guide the client's linkage to permanent housing. <i>Funded by HOPWA</i> • Legal Services: Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including: Assistance with public benefits, Interventions necessary to ensure access to eligible benefits, Preparation of healthcare power of attorney, durable powers of attorney, living wills. <i>Not funded</i> • Linguistic Services: Provides interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery to facilitate communication between the provider and client. <i>Not funded</i> • Non-medical Case Management Services: Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services, and obtaining access to public and private programs. Services include: Initial assessment of service needs, Development of care plan, Continuous client monitoring to assess the efficacy of the care plan, Re-evaluation of the care plan at least every 6 months with adaptations as necessary. <i>Not funded</i> • Psychosocial Support Services: Provides group or individual support and counseling services to address behavioral and physical health concerns including: Bereavement counseling, Child abuse and neglect counseling, HIV support groups, Nutrition counseling provided by a non-registered dietitian, Pastoral care/counseling services. <i>Not funded</i>
<p>Allocations Full Member Voting</p>	<p>Core Services</p> <ul style="list-style-type: none"> • Ambulatory Care – Rank 2: all five approved. • Medical Case Management – Rank 1, flat funding at 83.34%: all five approved. • Oral Health – Rank 4, flat funding at 1.47%: all five approved. • Mental Health – Rank 5, flat funding at 0.32%: all five approved.

	<ul style="list-style-type: none"> • Substance Abuse – Rank 7, flat funding at 0.06%: three approved, two disapproved. Irma shared that she feels that we don't need to put as much into substance abuse because she is not seeing a lot of cooperation with the client and clients are not adhering to what is provided. She recommends a lower ranking but funds can stay where they are. Mateo shared that although we don't see client commitment, they are facing barriers and he believes that substance abuse is a big issue in the clients that we are serving. He said that substance abuse services is a big need and recommends keeping the ranking as it is. Thandi shared that early intervention services is more important to her. • Medical Nutrition Therapy – Rank 3, flat funding at 2.67%: all five approved. • Home and Community-based Healthcare – Rank 6, flat funding at 0.30%: all five approved. • Early Intervention Services – Rank 8, flat funding at 2.83%: three approved, two did not approve. <p>Support Services</p> <ul style="list-style-type: none"> • Medical Transportation – Rank 2, flat funding at 1.85%: all five approved. • Food – Rank 1, flat funding at 5.71%: all five approved. • Health Education/Risk Reduction – Rank 4, flat funding at 1.45%: all five approved. • Outreach – Rank 3: all five approved. <p>The voting members approve the Allocations Committee's ranking and flat funding for each service category.</p>
<p>Allocations Discussion</p>	<p>Members engaged in a discussion of service categories not currently funded that they want to see funded if there was a budget increase.</p> <p>Mateo advocated for including psychosocial services as a new service category that is funded. He shared his vision to have a support group in each region of the county. He also wants to see a support group for Spanish speakers. He would like money allocated to continue the West County support group and start new ones.</p> <p>Angela advocated for including legal services as a service category that is funded. She shared that her clients need legal representation, especially when undergoing an eviction process. She sees the need to educate clients on the forms they need, how to explain their situation, how to appropriately address the judge, and attending the court hearing with the client. The client might agree to something that they don't understand, and if they miss a payment on the payment plan, then the</p>

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	<p>landlord may evict them sooner. She shared that Bay Area Legal Aid used to conduct educational workshops for clients.</p> <p>Obiel shared that we used to have a contractor for legal services regarding housing issues, benefits, and end of life planning. However, we no longer fund the agency to offer those services. It was shared that the Contra Costa Bar Association offers 30 minutes of free legal advice.</p> <p>It was explained that we have not seen a need for childcare and Oakland has not seen the need either.</p> <p>It was clarified that our current housing policy does include support with moving costs, although the county has not had many requests for assistance with moving costs. Clients and Medical Social Workers need to be reminded that help with moving costs is available to clients.</p>
Announcements	None.
Adjourned	Teri made the motion to adjourn the meeting. Thandi seconded the motion. The meeting adjourned at 12pm.
Next Meeting	September 10, 2018, 10am-12pm North Richmond Center for Health 1501 Fred Jackson Way Richmond, CA 94801
Next Oakland TGA Planning Council Meeting	July 25, 2018, 12pm-3pm Rainbow Community Center 2117 Willow Pass Road #500 Concord, CA 94520